

Personal Lines Insurance Specifications

N/A – Not applicable

PERSONAL INFORMATION						
Name Insured:						
Date of Birth:					License Number:	
Mailing Address:						
Email Address:		Phone: () -		Other: () -		
Policy Period:						
SECTION I - AUTO						
#	Year	Make	Model	V.I.N.	Cost New	A.C.V.
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Liability Coverage			Limits of Insurance			
- Bodily Injury			\$	per person		
			\$	per accident		
- Property Damage			\$	per accident		
- Medical Payments			\$	per person		
Physical Damages Coverage						
- Comprehensive			\$	deductible	Units:	
- Collision			\$	deductible	Units:	
Additional Coverages						
- Auto Loan(Lease) Gap			<input type="checkbox"/> YES <input type="checkbox"/> NO	Units:		
- Towing and Labor			<input type="checkbox"/> YES <input type="checkbox"/> NO	Units:		
- Rental Reimbursement			<input type="checkbox"/> YES <input type="checkbox"/> NO	Units:		
- Roadside Assistance			<input type="checkbox"/> YES <input type="checkbox"/> NO	Units:		
Loss Payees (if any)						
Unit #	Bank					
List of Drivers						
Name:		Date of Birth:		License Number:		
Name:		Date of Birth:		License Number:		
Name:		Date of Birth:		License Number:		

Personal Lines Insurance (continued)

SECTION II – PROPERTY			
#	Description	Address	
Property Coverage		Limits of Insurance	
- Dwelling		\$	
- Additions and Alterations*		\$	<i>*only for condominium units</i>
- Unscheduled Personal Property		\$	
- Scheduled Personal Property		\$	<i>as per attached schedule, if any</i>
- Other:		\$	
Additional Coverages			
- Replacement Cost		Included	
- Home Assistance		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mortgagee and/or Loss Payee			
Name:		Loan #:	
Additional Properties: (if any)			
<u>Address</u>		<u>Dwelling</u>	<u>Contents</u>
		\$	\$
		\$	\$
SECTION III – PERSONAL LIABILITY			
Liability Coverage		Limits of Insurance	
- Personal Liability		\$	per occurrence
- Medical Payments		\$	per person
Locations			
		Principal residence	
		Rented: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Rented: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION IV – PERSONAL UMBRELLA			
Liability Coverage		Limits of Insurance	
- Personal Liability		\$	per occurrence
- SIR		\$	
ADDITIONAL REMARKS / COMMENTS			